

## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

04/13/92

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->

NJD986629749

FACILITY NAME -> GETTY SERVICE STATION 56064

MAILING ADDRESS -> PO BOX 1099

NEWARK, NJ 07101

INSTALLATION ADDRESS -> 340 MAIN ST & SUMMERHILL RD SPOTSWOOD, NJ 08884

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION II 26 FEDERAL PLAZA** NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: BORUSEWICZ, FRED ENGR GETTY SERVICE STATION 56064 PO BOX 1099 NEWARK, NJ 07101

| of the Resource Conservation Permanent # Requeste                                | 7011         | vitv         |             |           | or Official Use Onl                               |          |
|--|--------------|--------------|-------------|-----------|---|----------|
| 1. Installation's EPA ID Number (Mark 'X' in the appropriate                     |              | ation Age    | ncy         | 40        | 2-03-26   | 0        |
| A. First Notification B. Subsequent Notification                                 |              |              | C. Installe | Ing's EPA | D Number  |          |
| (complete item C)  | H            | JP           | 00          | 090       | )441-   | 7        |
| II. Name of installation (include company and specific site in                   | ame) \       | UTI          | 98 G        | 429       | 149   |          |
| GETTY SERVICE S  III. Location of Installation (Physical address not P.O. Box of |              |              | N #         | 56        | 064   |          |
| Street   | Route Number | 27)          |             |           |   |          |
| 340 MAIN STREET  Street (continued)  | E            | SU,          | MME         | RH        | 1 4 4   |          |
| ROAD   |              | ТТ           | TT          |           |   | T        |
| City or Town   | <del>'</del> | State        | ZIP Code    | 4         |   | <u> </u> |
| SPOTSWOOD  | ,            | 1 Z (        | 388         | 82        |   |          |
| County Code County Name  |              |              |             | 19 20     |   |          |
| MIDDLESEX  |              |              |             |           |   |          |
| IV. Installation Mailing Address (See Instructions)                              |              |              |             |           |   |          |
| Street or P.O. Box   |              |              |             |           |   |          |
| PIOI IBIO XI IVO 1991  |              |              |             |           |   |          |
| City or Town   | s            | tate Z       | IP Code     |           |   |          |
| V. Installation Contact (Person to be contacted as a                             |              |              | 391         | 01        | •   |          |
| V. Installation Contact (Person to be contacted regarding was<br>Name (last)     |              | site)        |             |           |   |          |
| BORUSEWICZ   | (first)      | 11           | TT          |           | TITI  |          |
| Job Title  | Phone Numb   | OF /2500     |             |           |   | $\dashv$ |
| ENGINEER   |              |              | t 4 -       |           |   |          |
| VI. Installation Contact Address (See Instructions)                              |              |              |             |           |   |          |
| Contact Address B. Street or P.O. Box  |              |              |             |           |   |          |
|  |              |              |             |           | TIT   | ㅓ        |
| City or Town   | . St         | ete Zi       | P Code      |           |   | 7        |
| MI Overstale (Overstale)   |              |              |             |           |   |          |
| VII. Ownership (See Instructions)  |              |              |             |           |   |          |
| A. Name of Installation's Legal Owner  | · . ·        | T 1          | T T T       |           |   |          |
| Street, P.O. Box, or Route Number  | COR          | P            |             |           |   |          |
| Sides, 1.6. Sox, of notice number  |              | <del>-</del> |             |           | <del></del>                                       |          |
| City or Town   |              |              |             |           |   |          |
| FWARK  | St.          |              | Dode        | 777       | <del>                                      </del> | 4        |
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| C \ - 3 4 d - 7 C C C  |              | ยยาย         |             | Month     | Tay 1   | 4        |
| A Form 87(10-1.1 (01-90) Previous edition is obsolete                            | 7 ====       | Yes          |             | •         |   |          |

| VIII. Type of Regulated Waste Activity (Mark X in the appropriate boxes. Raier to in  | estructions.)   |
|---|---|
| A. Hazardous Waste Activity   | B. Used Oil Fuel Activities   |
| 3. Treater, Storer, Disposer (at Installation)   Note: A permit is required for   Note: A permit is required for   Shis activity; see instructions.   Shis  | . Off-Specification Used Oil Fuel  . Generator Marketing to Burner  . Generator Marketer  . Generator Marketing to Burner  . Generator Used Oil Fuel Marketer  . Generator Burner) Who First Claims the Oil Meets the Specification |
| A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)   | characteristics of nonlisted nazaroous  |
|   | than 12 waste codes )  5  6  11  12   |
|   |   |
| X. Certification  |   |
| I certify under penalty of law that I have personally examined and am familiar wand all attached documents, and that based on my inquiry of those individually obtaining the information, I believe that the submitted information is true, a that there are significant penalties for submitting false information, inclimprisonment.  Signature  Name and Official Title (type or print)  | ccurate, and complete. I am aware uding the possibility of fines and  |
| and Museum Fred Bornsonier ENG  |   |
| XI. Comments  |   |
| MONTH MONTH MONTH MONTH   |   |
| Secretary Committee of the Committee of |   |
| Note: Mall completed form to the appropriate EPA Regional or State Office. (See Section I   | II of the booklet for addresses.)   |



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

05/01/95

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EPA I.D. NUMBER -> NJD986629749

FACILITY NAME -> GETTY PETROLEUM CORP

MAILING ADDRESS -> 125 JERICHO TNPK JERICHO, NY 11735

INSTALLATION ADDRESS -> 340 MAIN ST

SPOTSWOOD, NJ 08884

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION II** 290 BROADWAY NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL. HAZARDOUS & SOLID WASTE PROGRAMS BRANCH RCRA NOTIFICATIONS

TO: HOLDEN, DALE **ENGR** GETTY PETROLEUM CORP 125 JERICHO TNPK JERICHO, NY 11735

Form Approved. OMB No. 2050-0028. Expires 10-31-91 GSA No. 0246-EPA-OT

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act)

## Notification of Regulated Waste Activity

CFor Official Use Only)

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Box  Subsequent, No (complete item C)  Tryperous Armonic Address (See Instructions)  at allation Mailing Address (See Instructions)  at allation Contact (Person to be contacted regards (Instructions)  at allation Contact Address (See Instructions)  at a contact Address (See Instructions) | tallation's EPA ID Number (Mark 'X' In the appropria  A. First Notification  B. Subsequent. Notification (complete item C)  The of Installation (Include company and specific sitem C)  The operation of Installation (Physical address not P.O. Both  It (Continued)  To Town  Code County Name  B. M. J. | tallation's EPA ID Number (Mark 'X' in the appropriate by the stallation's EPA ID Number (Mark 'X' in the appropriate by the stallation's EPA ID Number (Mark 'X' in the appropriate by the stallation's Legal Owner Try Perk Decision of Installation (Include company and specific site not be contacted regarding was a class).  B. Subsequent Notification (Complete item C)  B. Subsequent Notification (Complete item C)  MA PER PER DEFU MA  Try PER PER DEFU MA  MA PER PER DEFU MA  Stallation Malling Address (See Instructions)  tor P.O. Box  S JER DEFU MA  Stallation Contact (Person to be contacted regarding was be class)  Title  G I NEER Street or P.O. Box  That Address B. Street or P.O. Box  Trown  Dewnership (See Instructions)  The Try PER PER DEFU MA  Trown | A. First Notification  B. Subsequent Notification  (complete item C)  T Y PETROLEUM  Direction of Installation (Include company and specific site name)  T T Y PETROLEUM  Direction of Installation (Physical address not P.O. Box or Route  A. First Notification  B. Subsequent Notification  (complete item C)  T Y PETROLEUM  Direction of Installation (Physical address not P.O. Box or Route  A. First Notification  B. Subsequent Notification  (complete item C)  M. J. | A. First Notification  B. 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Subsequent Notification  (complete item C)  Try Perra O Cerum Corporate Number)  Try Perra O Cerum Corporate Number)  A. First Notification  (Include company and specific site name)  Try Perra O Cerum Corporation  A. First Notification  (Include company and specific site name)  Try Perra O Cerum Corporation  (Include company and specific site name)  Try Perra O Cerum Corporation  State Zip  A. First Notification  (Include company and specific site name)  Try Perra O Cerum Corporation  State Zip  A. First Notification  (Include company and specific site name)  C. Corporation  Corporation  State Zip  A. First Notification  (Include company and specific site name)  C. Corporation  Corporation  State Zip  Phone Number (area corporation)  Town  State Zip  Ownership (See Instructions)  Town  State Zip  Ownership (See Instructions)  Ame of Installation's Legal Owner  Try Perra Octobro | tallation's EPA ID Number (Mark X' In the appropriate box)  A. First Notification | tallation's EPA ID Number (Mark X' In the appropriate box)  A. First Notification  B. Subsequent Notification  Geomplete item C)  The of Installation (Include company and specific site name)  The oration of Installation (Physical address not P.O. 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Complete Item C)  The of Installation (Include company and specific site name)  The production of Installation (Physical address not P.O. Box or Route Number)  A. First Notification  C. Complete Item C)  The production of Installation (Include company and specific site name)  The production of Installation (Physical address not P.O. Box or Route Number)  A. First Notification  C. Installation's P.O. Box or Route Number)  A. First Notification  C. Installation's P.O. Box or Route Number)  A. First Notification  C. Installation's P.O. R. P.  Town  State ZIP Code  N. J. O. R. P.  State ZIP Code  N. J. I. J. | The properties of the properti | tallation's EPA ID Number (Mark X in the appropriate box)  A. First Notification  (complete-item C)  T T Y PETROLEUM COMPLET ROLEUM CORP  protection of installation (Physical address not P.O. Box or Route Number)  t Continued)  Town  State ZIP Code  M J O S S Y -  Code County Name  Stallation Mailing Address (See Instructions)  R or P.O. Box  S J E R I C H O T U R M P I K E ZIP Code  N Y I O T T T Stallation Contact (Person to be contacted regarding waste activities at site)  (first)  L D E N D A C E C M C E C M C E C C E C E C E C E C | The of installation (Include company and specific site name) | Town  R J C H D Rumber (Mark X in the appropriate box)  A. First Notification  B. Subsequent Notification  (complete item C)  B. Subsequent Notification  (complete item C)  B. Subsequent Notification  (complete item C)  C. Installation's EPA ID Number  C. Installa | Town  Complete Iden O)  B. 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|--|--|--|--|---|---|---|---|
|  | . 123.2  | icale  |  | 10 10                                     |   | V   |   |
| VIII. Type of Regula   | ted Waste Activity   | (Mark 'X' in the app   | ropriate boxes   | . Refer to in                             | structions.)  |   |   |
| my cran comme  | A. Hazardou  | s Waste Activity   | Maria de La Caractería de<br>La Caractería de La Caractería | TANKI.                                    | B. Used Oil F   | uel Activities  | ti et j                                       |
| b. 100 to 1000 kg  | 1000kg/mo (2,200 lb:<br>g/mo (220 - 2,200 lb:<br>0 kg/mo (220 lbs.)<br>eate Mode in boxes 1<br>e only:<br>ial purposes<br>ritation | s.) Note: A   this activ s.) 4. Hazardon a. Gen b. Othe Type 1.                      | Storer, Disposer (a<br>permit is required<br>ity; see instruction<br>us Waste Fuel<br>erator Marketing to<br>r Marketers<br>er indicate devik<br>of Combustion D<br>Utility Boiler<br>Industrial Boiler<br>Industrial Furna<br>pund Injection Com  | for<br>s.<br>b. Burner<br>ce(s)<br>cevice | a. Geng b. Othe c. Burn Type 1.1 2. Specifica (or On-s  | cification Used O<br>erator Marketing<br>or Markerer<br>er – Indicate develor Combustion<br>Utility Boiler<br>Industrial Boile<br>Industrial Furnation Used Oil Furnation Used Oil Furnation Used Oil Furnation Used Specific | ice(s) — Device  ace el Marketer First Claims |
| IX. Description of Re  | egulated Wastes  | Use additional shee  | ts if necessary)   |   |   |   |   |
| wastes your installar  | tion handles. (See 4   | s Wastes. Mark 'X' in to<br>O CFR Parts 261.20 - 26<br>4. EP Toxic<br>(D000) (List s | 1.24)  |   |   |   |   |
| B. Listed Hazardous  | Wastes. (See 40 CFI  | R 261.31 - 33. See instr   | uctions if you nee   | d to list more                            | han 12 waste co   | des.)   | t Alt A                                       |
| 1<br>  | 2  | 9.   | 10   |   | 3.11  |   |   |
| C. Other Wastes. (Sta  | ate or other wastes re   | quiring an I.D. number.  | See instructions.)   | 419130.70                                 | THE REPORT OF THE PARTY OF THE | A Section 1   |   |
|  | 2  | 3  | 4  |   | 5   |   | <b>5</b>                                      |
| C. Certification   |  | The second of the second   | -Marie Control   |   | 1.000   |   |   |
| I certify under pend<br>and all attached of<br>obtaining the infor-<br>that there are sig<br>imprisonment. | documents, and   | that based on my<br>e that the submitte<br>es for submitting<br>Name and Officia     | Inquiry of the dinformation false information  | is true, acc                              | uals immedia<br>curate, and c<br>ding the pos   | omplete. I ai   | n aware<br>nes and                            |
| 1 JALE Har   |  | PEC-10UP   | N  |   | 4/.   | 24/95   |   |
| XI. Comments   |  |  |  | 1   |   |   |   |
| -  |  |  |  |   |   |   |   |
|  |  | 90.5   | -2 NO. 187   |   |   |   |   |
| Note: Mail completed   | form to the approp   | riate EPA Regional or  | State Office. (See   | Section III o                             | f the booklet fo  | r addresses.)   |   |